



153 N 100 E – Lehi, Utah 84043  
(385) 201-1030  
www.lehi-ut.gov

## APPLICATION FOR BUSINESS LICENSE

Application Date: \_\_\_\_\_

Business License Number: \_\_\_\_\_

1. Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Mailing City, State, Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
Business E-mail: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Business Description: \_\_\_\_\_

\*State Salestax ID: \_\_\_\_\_ Other State License Number: \_\_\_\_\_

OWNER'S NAME AND ADDRESS (if corporation, list principal officers). Use additional sheet if necessary.

Name	Name 1	Name 2	Name 3
Name	_____	_____	_____
Address	_____	_____	_____
Phone	_____	_____	_____
E-mail	_____	_____	_____

2. Manager Name: \_\_\_\_\_ Manager Phone: : \_\_\_\_\_

3. CONTACT PERSON - For Businesses located within Lehi, please furnish the name and telephone number of a LOCAL person (other than the manager) who may be contacted by the City after hours in case of fire or police emergency at your business.

Emergency Name \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

4. LICENSE FEES	Description	Amount
A. BASE FEE		\$ _____
C. Beer License		_____
D. Liquor License		_____
E. Other	_____	_____
F. Total Due (Make check to Lehi City) NON-REFUNDABLE		\$ _____

5. I DECLARE THAT THE INFORMATION SET FORTH HEREIN (OR ATTACHED) IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

TYPE OR PRINT NAME \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**LICENSE PERIOD - JANUARY THROUGH DECEMBER**

FOR OFFICE USE ONLY

Date Paid \_\_\_\_\_

Amt Paid: \_\_\_\_\_

Receipt Number: \_\_\_\_\_